

COPY

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|-------------------------------------|------------------|---|------------|---|------------------------------------|
| CLAIMANT'S NAME Mark Weatherford | | SSN or EMPLOYEE NUMBER On File ---- 6318 | | DEPARTMENT State & Consumer Servs Agency | |
| POSITION Director | CB/ID No. E99 | DIVISION or BUREAU Ofc of Info Security & Privacy Protection | | | INDEX NUMBER 1030 |
| RESIDENCE ADDRESS * | | HEADQUARTERS ADDRESS 1325 J Street, Suite 1650 | | | TELEPHONE NUMBER (916) 323-7290 |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| | | | Sacramento | CA | 95814 |

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|--|---|-------------|---|------|------|-----------------------------------|---|------|-------|-----------------------|-----------------------------|
| (1) NORMAL WORK HOURS M - F 8a - 5p | | | (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] | | | (3) MILEAGE RATE CLAIMED 0.550 | | | | | |
| (4) MONTH/YEAR May 2009 | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) LODGING | (8) MEALS BREAK-FAST LUNCH O.T., L/T, N/C, RELO. OR DINNER | | | (9) INCIDENTALS | (10) TRANSPORTATION (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE MILES AMOUNT | | | (11) BUSINESS EXPENSE | (12) TOTAL EXPENSES FOR DAY |
| (5) DATE TIME | | | | | | | | | | | |
| 5/6 0900 | Sacramento | | | | | | | PC | 19.88 | 10.93 | 10.93 |
| 5/6 1515 | Sacramento | | | | | | | PC | 3.95 | 2.17 | 2.17 |
| 5/7 1330 | Sacramento | | | | | | | PC | 3.56 | 1.96 | 1.96 |
| 5/8 0730 | Sacramento | | | | | | | PC | 7.64 | 4.20 | 4.20 |
| 5/21 1000 | Sacramento | | | | | | | PC | 1.50 | 0.83 | 0.83 |
| 5/22 1353 | Sacramento | | | | | | | PC | 3.75 | 2.94 | 5.37 |
| 5/20 0635 1753 | Sacramento/San Diego/return | | | | | | | PC/A | 15.00 | 39.38 | 36.66 |
| | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | 0.00 | 0.00 |
| (13) SUBTOTALS | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 18.75 | 78.85 | 62.12 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | |

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| CLAIM TOTAL | \$62.12 |
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| (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | AGENCY ACCOUNTING OFFICE USE ONLY |
| 5/6 - 9:00 am DTS Townhall meeting. 3:15 SMD/OISPP Staff meet | PAID BY REVOLVING FUND CHECK NUMBER |
| 5/7 - 1:30pm Victim Compensation Presentation | |
| 5/8 - 7:30am Kick Off the Information Security Leaders Academy. CSUS | |
| See Separate page for 5/20, 5/21 and 5/22 Justifications. | |

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| (15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage. | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE |
| CLAIMANT'S SIGNATURE | DATE | |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse) | DATE | |